## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

3405-2-

| CLAIMS AS FILED - PART I (Column 1)  |                    |   |                 |                                |                     | mn 2)            |          | SMALL ENTITY TYPE  |                        |    | OTHER THAN OR SMALL ENTITY |                        |
|--|--------------------|---|-----------------|--------------------------------|---------------------|------------------|----------|--------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS   |                    |   | 30              |                                |                     |                  | Г        | RATE               | FEE                    | J  | RATE                       | FEE                    |
| FOR  |                    |   | NUMBER FILED    |                                | NUMBER EXTRA        |                  | E        | BASIC FEE          | 375.00                 | OR | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |                    |   | 30 minus 20=    |                                | · 10                |                  | Ī        | X\$ 9=             |                        | OR | X\$18=                     |                        |
| INDEPENDENT CLAIMS   |                    |   | 6 minus 3 =     |                                | * 7                 |                  | Ī        | X42=               |                        | OR | X84=                       |                        |
| MU   | LTIPLE DEPEN       | DENT CLAIM PI                             | RESENT          |                                |                     |                  | ŀ        | +140=              |                        | OR | +280=                      | 7 <u>5</u> - 5 1       |
| * If the difference in column 1 is less than zer   |                    |   |                 |                                | "0" in c            | olumn 2          | L        | TOTAL              |                        | OR | TOTAL                      | 591                    |
| CLAIMS AS AMENDED - PART I   |                    |   |                 |                                |                     |                  |          |                    |                        |    | OTHER                      | THAN                   |
| (Column 1) (Column 2   |                    |   |                 |                                |                     | (Column 3)       |          | SMALL E            | NTITY                  | OR | SMALL                      |                        |
| AMENDMENT A  |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total              | *   | Minus           | **                             |                     | =                |          | X\$ 9=             |                        | OR | X\$18=                     |                        |
|  | Independent        | * NTATION OF MI                           | Minus           |                                |                     | =                |          | X42=               |                        | OR | X84=                       |                        |
|  | rinoi rnese        | INTATION OF IVI                           | DETIFIE DEF     | EINDEINI                       | CLAIIVI             |                  |          | +140=              |                        | OR | +280=                      |                        |
|  |                    |   |                 |                                |                     |                  |          |                    |                        | OR | TOTAL<br>ADDIT. FEE        | 0.1                    |
| (Column 1) (Column 2) (Column 3)   |                    |   |                 |                                |                     |                  |          | DDIT. FEE          |                        |    | ADDII. FEET                |                        |
| AMENDMENT B  |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID  | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA | ſ        | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total              | *   | Minus           | **                             |                     | =                |          | X\$ 9=             |                        | OR | X\$18=                     |                        |
|  | Independent        | *   | Minus           | ***                            |                     | =                |          | X42=               |                        | OR | X84=                       |                        |
| <u> </u>   | FIRST PRESE        | NTATION OF MI                             | JLTIPLE DEP     | ENDENI                         | CLAIM               |                  |          | +140=              |                        | OR | +280=                      |                        |
|  | TOTA               |   |                 |                                |                     |                  |          |                    |                        | OR | TOTAL                      |                        |
|  |                    | (Column 1)                                |                 | (Colur                         |                     | (Column 3)       | . Ai     | DDIT. FEE <b>l</b> |                        |    | ADDIT. FEE                 |                        |
| AMENDMENT C  |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total              | *   | Minus           | **                             |                     | =                |          | X\$ 9=             |                        | OR | X\$18=                     |                        |
|  | Independent        | *   | Minus           | ***                            |                     | =                |          | X42=               |                        | OR | X84=                       |                        |
| <u> </u>   | LINO! PHESE        | NTATION OF M                              | ULTIPLE DEF     | ENDEN                          | CLAIM               |                  | <b>'</b> | +140=              |                        | OR | +280=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |                    |   |                 |                                |                     |                  |          |                    |                        | OR | TOTAL<br>ADDIT, FEE        |                        |
| ***  | If the "Highest Nu | mber Previously P<br>nber Previously Pa   | aid For" IN THI | S SPACE                        | is less tha         | an 3, enter "3." |          |                    | ropriate box           |    |                            |                        |